

Please amend the claims as follows:

1. (Amended) A method for care and treatment of AD and related dementias comprising

(a) Staging of patients using the FAST, and/or the BCRS, and/or the GDS.

(b) Translation of each of the FAST, BCRS and GDS staging elements into the corresponding developmental ages (DAs). This is accomplished by the following procedures:

~~(i) The FAST stages are converted into corresponding DAs based upon the point in normal development when the FAST functional elements are acquired.~~

~~(ii) The actual patient FAST, BCRS, and GDS scores which were developed in an optimally concordant manner with the progression of dementia in AD, are converted into DAs based upon actual scores, using the DA model which was developed from the FAST-based conversions.~~

~~(iii) A cognitive DA can be calculated from BCRS Axis 1-4 total scores divided by 4.~~

~~(iv) General patient DAs can be calculated by adding the cognitive DA to the functional DA and dividing the sum by 2. Alternatively, general patient DAs can be calculated by adding the GDS score to the FAST score and dividing the sum by 2.~~

~~(v) Individual patient DAs can be further refined for therapeutic purposes by utilization of individual DA based FAST, BCRS Axis and FAST scores.~~

(c) Utilization of the patient DA to determine the overall management and care needs of patients with AD and related retrogenic dementias.

(d) Refinement of these overall management and care needs based upon universal basic needs and desires termed "axioms" axioms.

(e) Refinement of these overall management and care needs based upon the retrogenic observations and the DA model of the stages of AD, based upon ~~"postulates"~~ postulates chosen from the following:

(i) The magnitude of the care and supervision required by an AD or related retrogenic dementia patient at a DA, is mirrored by the amount of care and supervision required by a child or infant at the corresponding DA.

(ii) The kind of activities enjoyed by an AD or related retrogenic dementia patient at a particular DA are mirrored by the kind of activities enjoyed by children or infants at a corresponding DA.

(iii) The capacity of an AD or related retrogenic dementia patient to perform in an area of residual expertise is dependent upon the DA.

(iv) Previous experiences determine the kinds of activities enjoyed by an AD or related retrogenic dementia patient.

(v) The emotional level of the AD or related retrogenic dementia patient is dependent upon the DA.

(vi) Life experiences appropriate to the DA become most relevant for AD and related retrogenic dementia patients at any particular stage.

(vii) Socialization of the AD and related retrogenic dementia patient is dependent upon the DA.

(viii) Diversity in children's and infant's activities and interests is mirrored in diversity in AD and related retrogenic dementia patient's interests and activities at a corresponding DA.

(ix) The emotional changes which occur in AD and related retrogenic

dementias at a DA are mirrored by the emotional changes observed in children at a corresponding DA.

(x) Care settings appropriate to AD and related retrogenic dementia patients at a DA are mirrored by care settings appropriate to children at the corresponding DA.

(xi) Vulnerability (emotional, physical and cognitive) of the AD and related retrogenic dementia patient at a DA, is mirrored by the vulnerability of children at the corresponding DA.

(xii) The need of an AD and related retrogenic dementia patient for physical movement is mirrored by the corresponding DA.

(xiii) Just as one judges development in an infant or child by what the infant or child can do and has achieved, not by what the infant and child cannot do, the AD and related retrogenic dementia patient at any particular DA should be assessed in terms of their residual skills and accomplishments, what they have learned and re-learned, not by what they cannot do.

(xiv) The developmental analogy is sufficiently strong to trigger DA appropriate childhood memories, beliefs, and anxieties in the AD and related retrogenic dementia patient.

(xv) The language changes of the AD and related retrogenic dementia patient are mirrored by the DA.

(f) Refinement of these overall management and care needs based upon caveats ~~exceptions~~ to the DA-retrogenesis model, based on the nature of human aging and AD and related retrogenic dementias. ~~These exceptions are termed, "caveats".~~

~~These caveats include:~~ chosen from the following:

- i. Development in infants and children is accompanied by increasing expectations, whereas AD and related retrogenic dementias at all stages are accompanied by progressively diminished expectations.
- ii. AD and related retrogenic dementia patients experience developmentally analogous brain changes, however, they do not undergo developmentally analogous physical changes.
- iii. AD and related retrogenic dementia patients can, to some extent, draw upon previously mastered skills, whereas infants and children may not have access to these skills.
- iv. AD and related retrogenic dementia patients can, to some extent, draw upon previously mastered knowledge, whereas infants and children may not have access to this knowledge.
- v. AD and related retrogenic dementia patients are older than their DA peers and old age predisposes to various physical disabilities which influence the life and experience of a dementia patient.
- vi. AD and related retrogenic dementia patients appear to be more prone to rigidity than their DA peers.
- vii. AD and related retrogenic dementia patients can potentially concentrate on a task longer than infants or children at a corresponding DA.
- viii. AD and related retrogenic dementia patients appear to be less fascinated by the world and less inquisitive than infants and children at a corresponding DA.

~~(g) Novel care discoveries based upon the methodology and findings described in the above method. These novel discoveries include:~~

~~(i) The use of infant and child care personnel for the care and management of AD and related retrogenic dementia patients at corresponding DAs.~~

~~(ii) The utility of large type reading materials for AD and related retrogenic dementia patients at DAs at which children would ordinarily use large type reading materials.~~

2. (Amended) The method for care and treatment of AD and related dementias of claim 1, wherein said axioms are selected from the following: ~~These axioms include the following:~~

- (i) All human beings avoid trauma and humiliation.
- (ii) All human beings seek a sense of accomplishment.
- (iii) All human beings seek a sense of dignity and self worth.
- (iv) All human beings are social organisms.
- (v) All human beings seek praise and acceptance.
- (vi) All human beings have the capacity to learn.
- (vii) All human beings require love.
- (viii) All human beings have the capacity for happiness.
- (ix) All human beings have the need for physical movement.
- (x) All human beings have the capacity to remember.
- (xi) All human beings have the capacity to think.
- (xii) All human beings seek to influence their environment

(xiii) All human beings have a sense of "taste", i.e., likes and dislikes.

3. (Original) The method for care and treatment of AD and related dementias of claim 1 wherein postulate (ii) has corollaries including the following:

(1) The kinds of activities which children find frightening or upsetting at a D.A. are mirrored by the kinds of activities AD and related retrogenic dementia patients find upsetting at a corresponding DA;

(2) The kinds of activities which a child considers "childish" or "baby like", at a particular DA, are mirrored by the kinds of activities an AD or related retrogenic dementia patient may find humiliating;

(3) The kinds of activities which promote healthy and optimal motoric development in children, are similarly the kinds of activities which minimize motoric degeneration in AD and related retrogenic dementia patients.

4. (New) The method for care and treatment of AD of claim 1, wherein the translation of staging elements into corresponding developmental ages is accomplished by the following steps:

(i) The FAST stages are converted into corresponding DAs based upon the point in normal development when the FAST functional elements are acquired.

(ii) The actual patient FAST, BCRS, and GDS scores which were developed in an optimally concordant manner with the progression of dementia in AD, are converted into DAs based upon actual scores, using the DA model which was developed from the FAST based conversions.